Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION LG ELECTRONICS MIAMI L INC

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\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>LE II PRINC</u>			
	Principal street address		Mailing address, if different is:
0 NW 11th ST S	TE 100 APT A-625 MIAMI FI	33136 	
CLE III PURPO	OSE .		
urpose for which th	ne corporation is organized is:		
	A	NY AND ALL LAWFU	L BUSINESS
			
	L OFFICERS AND/OR DIRECT	ORS	
Name and Title:		_	
	GABRIELA ORTIZ (P)	Name and Titl	e:
Address	4470 NIN 44711 OT	Name and Titl Address:	e:
Address	4470 NIN 44711 OT		
Address	1170 NW 11TH ST		
Address	1170 NW 11TH ST STE 100 APT A-625		
	1170 NW 11TH ST STE 100 APT A-625 MIAMI, FL 33136	Address:	
	1170 NW 11TH ST STE 100 APT A-625	Address:	
	1170 NW 11TH ST STE 100 APT A-625 MIAMI, FL 33136	Address: Name and Titl	
Name and Title:	1170 NW 11TH ST STE 100 APT A-625 MIAMI, FL 33136	Address: Name and Titl	
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Name and Title: Address Name and Title:	1170 NW 11TH ST STE 100 APT A-625 MIAMI, FL 33136	Address: Name and Titl Address: Name and Titl	e:

Name and T	Title:	Name and Title:	
Address		Address:	
			
	GISTERED AGENT ida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	GABRIELA ORTIZ		
Address:	1170 NW 11TH ST STE 100 APT A-625		
_	MIAMI, FL 33136		
ARTICLE VII IN	<u>CORPORATOR</u>		
The name and addr	ess of the Incorporator is:		
Name:	GABRIELA ORTIZ		
Address:	1170 NW 11TH ST STE 100 APT A-6	25	
	MIAMI, FL 33136		
<u>ARTICLE VIII EI</u>	FFECTIVE DATE:		
Effective date, if oth (If an effective date filing.)	er than the date of filing: is listed, the date must be specific and cannot	. (OPTIONAL) be more than five days prio	r or 90 days after the
Note: If the date inst the document's effect	serted in this block does not meet the applicable sertive date on the Department of State's records.	tatutory filing requirements, the	his date will not be listed as
	as registered agent to accept service of process for iliar with and accept the appointment as registere		
	GOVE.		
	Required Signature/Registered Agent		Date
I submit this docum document to the Dep	ent and affirm that the facts stated herein are to artment of State constitutes a third degree felony	nie. I am aware that the false as provided for in s.817.155, F	information submitted in a LS.
$\triangle a$	Tt-		
Required Signature/1	ncorporator	Date	